Government of Saskatchewan

Our Children. Our Promise. Our Future.

Early Childhood Development Progress Report 2005/2006

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Our Children, Our Promise, Our Future: Early Childhood Development Progress Report 2005/2006
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Message from the Ministers

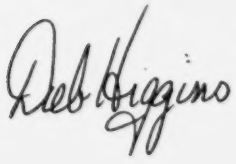
Learning begins well before a child enters the classroom for the first time. A child's early years are a time for growth, wonder and discovery. They also provide a time when the building blocks for physical well-being, school readiness and social belonging are established. Our children hold the promise of the continued social and economic growth of our province.

Saskatchewan has been working to improve the lives of children and families. This report describes a range of investments over the past five years that support children totalling $141.7 M.

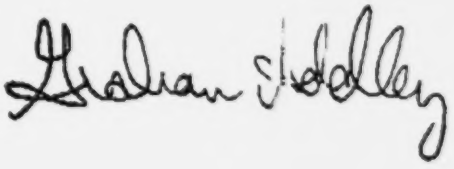
In addition to direct financial investment, the province has been working to change how services reach children and their families, to make Saskatchewan the best place for young people to live, work and build strong futures. We recognize that in order to be effective, these investments must incorporate systematic approaches. This includes strategies to allow families to participate in services in their home communities, address barriers to access, and create rich, nurturing learning environments for young children.

We are committed to working with communities in order to develop "made in Saskatchewan" solutions that promote positive development for young children, as well as reducing negative factors such as poverty, poor education outcomes, involvement in the justice system and family violence. We will continue to work with First Nations and Métis communities to create early learning and child care opportunities that reflect the cultural diversity of Saskatchewan. We will work with families and organizations to facilitate environmental adaptations for children with physical and cognitive challenges. Aided by the wisdom of our partners, we will continue to make progress towards a broad, encompassing early years system that is adaptable and links communities together.

The *Early Childhood Development Progress Report 2005/2006* describes the progress made to bring about a positive difference in the lives of Saskatchewan's youngest citizens. We believe that all children deserve the best possible start in life and that investment in the early years is an investment in Saskatchewan's future.



Deb Higgins
Minister of Learning



Graham Addley
Minister of Healthy Living Services

Buckley Belanger
Minister of Community Resources

Early Childhood Development Overview

Saskatchewan's *Early Childhood Development Progress Report 2005/2006* discusses areas of action and expenditure by the Government of Saskatchewan under the Communiqué on Early Childhood Development and the Multilateral Framework on Early Learning and Child Care.

First Ministers signed the Communiqué on Early Childhood Development in September 2000. The agreement committed First Ministers to invest new federal funding for early childhood development in four key areas:

- Promoting healthy pregnancy, birth and infancy;
- Improving parenting and family supports;
- Strengthening early childhood development, learning and care; and
- Strengthening community supports.

The provinces and territories agreed to expand and develop new early childhood development programs to address these four key areas, contributing provincial funds as they became available. The First Ministers also committed to publicly report on their progress in improving the well-being of Canada's young children, including biennial indicators of child well-being. These indicators will be part of the annual report in 2006/2007.

In March 2003, Ministers Responsible for Social Services signed the Multilateral Framework on Early Learning and Child Care. They agreed to report annually to Canadians on their progress in improving access to affordable, quality early learning and child care programs and services.

The action areas under the Multilateral Framework on Early Learning and Child Care overlap with the early years and prevention focus of the Communiqué on Early Childhood Development, and both agreements report their progress in the *Early Childhood Development Progress Report 2005/2006*.

Five areas of action are profiled in the 2005/2006 report:

- Early learning and child care;
- Prekindergarten;
- Early Childhood Intervention Program;
- Infant mortality risk reduction initiatives; and
- *KidsFirst* program.

Trends and Issues in Early Childhood Development

Benefits of Prevention and Early Intervention

Significant research has been conducted into the importance of prevention and intervention in the earliest years of life. Studies that look at the benefits of early childhood intervention programs provide convincing evidence that enriched early environments for young children, particularly those in families facing socio-economic challenges, can produce significant returns on the original investment.

Compared to a control group, children who were enrolled in the High/Scope Perry Program had better school performance, fewer grade repetitions, greater high school completion rates, greater employment, decreased reliance on social assistance and fewer interactions with the criminal justice system (Schweinhart, Lawrence J. (2006). The High/ScopePerry Preschool Study Through Age 40: Summary, Conclusions, and Frequently Asked Questions. Ypsilanti, MI: High/Scope Educational Research Foundation. www.highscope.org). This program provided a high quality preschool experience for vulnerable three- and four-year olds, a maximum staff-to-child ratio of one-to-eight, and a home visiting component for parent support.

These results are impressive since they highlight the possibilities of the early years and the value of high quality, supportive early environments. The program impacted multiple factors of family vulnerability. It used a high-quality educational approach and a home visitation component to engage parents.

Ultimately, the effects of negative early childhood experiences can be cumulative and become evident in problems with cognitive, emotional, physical and social development. Prevention and early intervention are the most effective means of addressing children's developmental needs and results in the most significant benefit in the long-term for children (Norrie McCain, M. & Mustard, J. Fraser (1999). *Reversing the Real Brain Drain, Early Years Study*).

Childhood Vulnerability in Canada

Canadian research is contributing to our knowledge about the importance of early interventions. Data from the National Longitudinal Study on Children and Youth shows that circumstances that contribute to poor outcomes are present at all socio-economic levels. Nearly 30% of all Canadian children experience vulnerability in one or more areas – low motor and social development, low receptive vocabulary, low mathematics scores, difficult temperament, anxiety, emotional disorders, hyperactivity, inattention, physical aggression, or indirect aggression.

Children tend to exhibit vulnerability in either cognitive or behavioural challenges, but typically not both. Though children from lower socio-economic levels tend to experience greater incidence of vulnerability, there are greater overall numbers of vulnerable children in upper and middle socio-economic levels. (Willms, J. Douglas (2002). *Vulnerable Children*. Edmonton, University of Alberta Press.)

As part of the Early Childhood Development Strategy and part of Saskatchewan's vision to make the province the best place for young people to live, work and build strong futures, data is collected about the socio-economic factors facing families at the birth of a new baby. The tool provides a set of questions about the health and socio-economic situation of families with new infants.

The results equip health providers with information to link families to a broad range of available early childhood development services when they return home from the hospital. The tool also assigns a score to the factors, which provides an indication of vulnerability that a child may experience in development. When amalgamated, this information can provide a snapshot of the early childhood development needs of families when their child is born.

Children may be vulnerable due to congenital health challenges such as cerebral palsy, low birth weight, trauma during delivery, or family circumstances, including insecure access to food or post-partum depression. In 2005-06, 77% of families (7,438 of a total 9,640 families) who had babies born in hospitals in Meadow Lake, Moose Jaw, Nipawin, the North, North Battleford, Regina, Saskatoon, Prince Albert and Yorkton, responded to questions about their circumstances. Of the families who responded to the questionnaire, 28% (2,091 families) had circumstances that made their child vulnerable to develop below expected rates.

Social Inclusion and Building Stronger Communities

The Organisation for Economic Cooperation and Development's *Canada Country Note, 2005* provides recommendations to address the needs of vulnerable children across the broad population. The document encourages Canada to focus services in areas with concentrated pockets of vulnerability and surround targeted services with larger systems of supports for families generally.

The Organisation for Economic Cooperation and Development advises Canada to start down this road by providing early education opportunities to all children one to six years old. In areas where needs are greater, programming for children should be more intensive, with consideration for addressing needs like health, nutrition, transportation and developmental services like speech language and occupational therapy.

As part of a broad approach to increasing early education opportunities for zero- to six -year-olds, the Organisation for Economic Cooperation and Development recommends Canada give time and attention to approaches that meet the cultural needs of First Nations and Métis children, inclusion of children with cognitive and physical disabilities and the creation of strong, integrated communities to address the cycle of poverty. Positive change can be accomplished by linking services which support children's early development to job training, housing policy, income support and mental health and addictions services for families. (Organisation for Economic Cooperation and Development Directorate for Education (2005). Early Childhood Education and Care Policy, *Canada Country Note*.)

Saskatchewan's First Nations and Métis population aged zero to six is growing. It is estimated that by 2015, 50% of children entering kindergarten in Saskatchewan will be of First Nations or Métis ancestry. In many Saskatchewan communities, this is

already the case. Services that support the early years contribute to the province's social fabric, enhance educational success and well-being, contribute to Saskatchewan's growing economy and support labour market strategies.

Transitioning from reserve to urban communities remains a challenge for First Nations families and early childhood development service providers. Jurisdictional issues also impact First Nation and Métis access to social programs outside of services for young children. Communities are working together to address service gaps and challenges for First Nations and Métis families transitioning between federally funded and provincially funded early childhood development programs and services.

In 2001, the average income of Aboriginal people in Saskatchewan was $15,961, compared to $26,914 for the average non-Aboriginal person (Statistics Canada, *2001 Census*). In addition to strategies that support skills and educational attainment, strategies to improve the housing, nutritional and transportation needs of this economically disadvantaged segment of the population support healthy child development and the long-term success of the province.

Re-Thinking Systems for Early Childhood

Effectively addressing the needs of children and families also involves integrating the early learning and child care sector and working towards supporting families in seamless ways. By working together to develop flexible resources, family-centred planning and collaborative human resource teams the two systems can learn from each other and evolve to meet the needs of the community. The "made in Saskatchewan" plan for Early Learning and Child Care and the School^{PLUS} initiative are two ways bridges are being created between the public education system and early learning and child care, justice and social services.

To truly create social support networks, it is important that all services work together. Influencing "how we practise" is an important aspect of this work. The ability for systems to adapt to the needs of families can be as important as the quantity of services available in the community.

Creative solutions are needed to break down the barriers between "school" and "child care". Research shows strong links between the level of training and staff development and the quality of early childhood services. Integration of school-based and child care settings will benefit both sectors and provide valuable knowledge and insights into working with children and families.

Early Learning and Child Care

The 2005-06 year was an eventful year for Early Learning and Child Care in Saskatchewan. In addition to the continuation of *Child Care Saskatchewan* and licensing 250 new child care spaces, the province developed an Early Learning and Child Care policy framework on which to build a blended system of programs and services for young children and their families.

In April 2005, the Child Day Care Branch was moved out of the Employment and Income Assistance Division of Community Resources and Employment and expanded into the Early Learning and Child Care Branch, a new branch for the Department of Community Resources and Employment.

On February 3, 2006, Premier Calvert announced new Cabinet responsibilities and a restructuring of government departments. As part of these announcements, a national precedent was set in Saskatchewan through the transfer of responsibility for Early Learning and Child Care to the Department of Learning.

During 2005-06, the following enhancements were made as part of the early learning and child care plan:

- Wage lifts for child care centre staff of an average of 3% effective April 1, 2005 and 6% effective November 2005;
- An increase to child care fee subsidies, effective June 1, 2005 equivalent to an average of $20 per month per child;
- Expansion of licensed child care spaces by 250 (in addition to the 250 already announced through *Child Care Saskatchewan's* 2003 commitment of 1,200 new spaces by 2007); and
- Elimination of the waiting list for funding for children with special needs to access licensed child care.

Prekindergarten

In 1996-97, Saskatchewan Learning's Prekindergarten program was first introduced as a partnership between the Department of Learning and school divisions participating in the Community Schools Program. Since then, the number of programs has grown to 104 in 2005-06.

Individual Prekindergarten programs enrol up to 16 three- and four-year olds in half day sessions, four or five times a week. The program uses an adapted provincial kindergarten curriculum as its foundation and incorporates additional elements to meet the needs and circumstances of the children and families involved in the program.

Parent involvement is a key aspect of the Prekindergarten program in Saskatchewan. The benefits to children when parents are involved in their learning include improved cognitive functioning and greater school success. Teachers benefit from collaboration with parents and parental insights regarding the child.

Prekindergarten programs involve parent volunteers directly in the classroom, supporting the activities and day-to-day curriculum. Teachers visit with parents and family members in their homes, and families have the opportunity to participate in family education programs to strengthen their ability to provide emotional, physical and developmental supports to their growing children.

As in previous years, in 2005-06, $200,000 was provided in ongoing funding to meet the needs of young children in vulnerable circumstances. Specifically, early intervention Prekindergarten focuses on:

- Fostering social development and self esteem;
- Nurturing educational growth and school success;
- Promoting language development; and
- Involving families.

Using social, health and economic indicators, four communities with significant numbers of vulnerable preschool children were selected: Estevan, Melfort, Swift Current and Weyburn. Each community receives $50,000 annually to operate the program. Additional support services offered through Prekindergarten in 2005-06 included: parent supports, transportation, speech and language, nutrition, dental and public health, family literacy, music and swimming programs.

Better Beginnings, Better Futures was developed by the Department of Learning in 1997 and revised in 2004 as a guide to policy and practise for Prekindergarten programs in the province. It provides a conceptual framework for a high quality, holistic early childhood education program within a Prekindergarten. The document provides an overview of the components of a Prekindergarten program, practical considerations in developing a program for young children and discussion about roles and responsibilities of the instructors, parents, administrators and other community members directly involved. The document can be accessed at: http://www.learning.gov.sk.ca/branches/elcc/pdfs/betbegin/2004.pdf

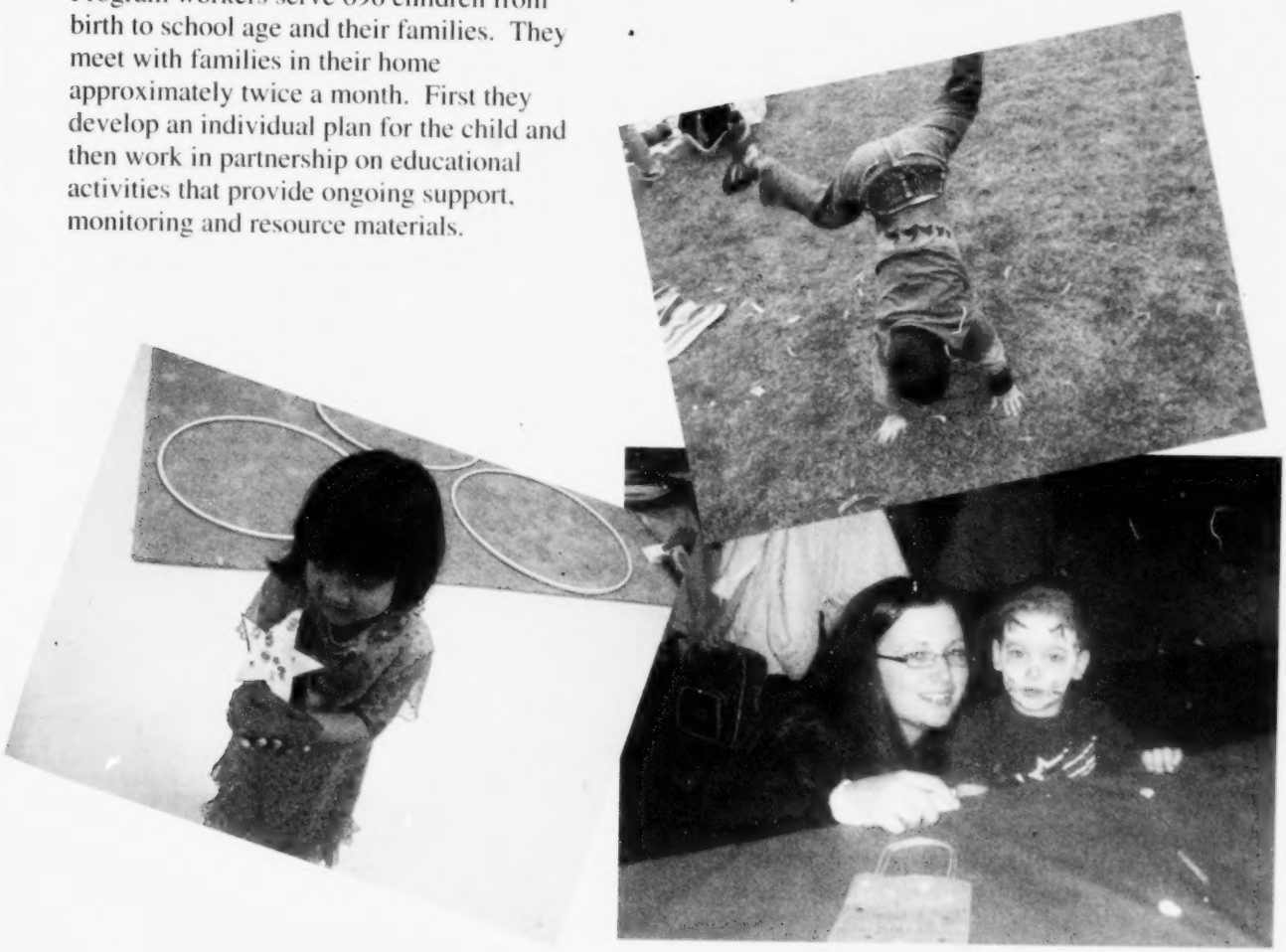
Early Childhood Intervention Program

The Early Childhood Intervention Program (ECIP) is a province-wide network of community-based family supports and services that address and prevent significant developmental delays in children with disabilities. Children involved with ECIPs are not reaching age-appropriate milestones -- walking, talking, eating, playing or interacting socially with others -- or are born with a condition or diagnosis that makes it more difficult for them to develop at rates that are the norm for a specific age.

Fifty-five Early Childhood Intervention Program workers serve 696 children from birth to school age and their families. They meet with families in their home approximately twice a month. First they develop an individual plan for the child and then work in partnership on educational activities that provide ongoing support, monitoring and resource materials.

The goal of this work is to minimize or prevent handicaps or developmental delays and improve the child's ability to function in their home and community. The plan changes and adapts as the child progresses.

Interventionists also provide an important link between families and professional early childhood services. Contact with speech and language pathologists, physiotherapists, occupational therapists, teachers, nurses and medical specialists supports the child's developmental plan.



Infant Mortality Risk Reduction Initiatives

Infant mortality rates in Saskatchewan and across Canada have dropped significantly during the last 20 years. In 1985, the infant mortality rate in Saskatchewan was 11.0 per 1,000 live births. In 2005, the provincial figure was 7.8 per 1,000 live births. In 2005-06, the infant mortality risk reduction initiatives continued to promote healthy pregnancy and birth as well as healthy infant development and disease prevention in high-risk areas.

In 2005-06, the two northern health regions increased the number of beneficiary communities that received nutritional support for vulnerable mothers. The funding also supported four health regions in the south to provide vulnerable mothers and infants with supports to ensure healthy development and protection from preventable childhood diseases through vaccination. Regions included Prairie North, Prince Albert-Parkland, Regina Qu'Appelle and Saskatoon.

Prenatal and Postnatal Nutritional Support for High-Risk Prenatal Mothers

Funding was provided to the two northern health regions to provide support to high-risk prenatal mothers. This support was intended to increase mothers' awareness and skills in prenatal, infant and general nutrition, food preparation, and economical shopping for healthy foods. Education in the areas of prenatal health issues, breastfeeding, alcohol and smoking avoidance was provided in five communities: Cole Bay/Jans Bay, Stony Rapids and area, Buffalo Narrows, Sandy Bay and Pinehouse. These communities that do not have access to the Canadian Prenatal Nutrition Program.

In 2005-06, seven additional communities benefited from these nutritional projects: Sled Lake, Dore Lake, St. George's Hill, Michel Village, Weyakwin, Uranium City and Camsell Portage.

Protection from Vaccine Preventable Childhood Diseases

Prairie North, Prince Albert Parkland, Regina Qu'Appelle and Saskatoon Health Regions were supported to develop and implement strategies to increase immunization coverage rates in areas and neighbourhoods with the lowest childhood immunization coverage rates in their jurisdictions.

KidsFirst

Saskatchewan's *KidsFirst* program, announced in April 2001, is a key interdepartmental initiative designed to support vulnerable families in nurturing their children. The program is focused on prevention and early intervention services to children and families living in vulnerable circumstances.

The *KidsFirst* Strategy sets out goals for two program streams for children prenatal to age five — intensive services targeted in nine communities across the province and Regional *KidsFirst* Early Childhood Community Developers who work with stakeholders and partners to align and strengthen early childhood development services.

Intensive *KidsFirst* services are targeted at nine communities, including Meadow Lake, Moose Jaw, Nipawin, the entire North, North Battleford, Prince Albert, Regina, Saskatoon and Yorkton. In these communities, *KidsFirst* acts as an umbrella organization with direction from an intersectoral Management Committee that guides decisions at the local level. Membership includes representatives from regional Community Resources offices, regional health authorities, school divisions, regional Learning offices, Regional Intersectoral Committees, community partners and the First Nations and Métis community.

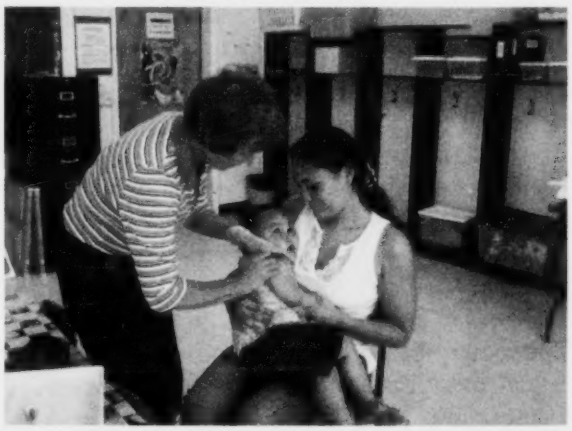
Day to day program operations are coordinated by a Program Manager, who reports to the Management Committee, liaises among program components of *KidsFirst* and also with community partners. Delivery of services is carried out through community-based organizations. A key principle of *KidsFirst* from the outset of the program was to build on existing resources in the community. As a result, *KidsFirst* services within each community are delivered by a variety of community-based organizations that have expertise in a particular area. Key partners may include Aboriginal Head Starts, tribal councils, Métis service agencies and other Aboriginal service agencies at the local level. This means services are available in diverse neighbourhoods and reflect local demographics.

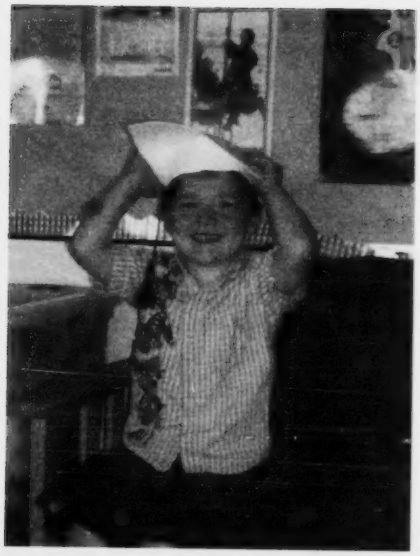
Families also have the opportunity to participate in other programming offered by these community-based organizations. For example, a *KidsFirst* family may first be introduced to an organization through the home visitor and later decide to participate in a community kitchen or Mom & Tots program. This encourages families to build social networks in natural ways and to select the services that make the most sense to them.

KidsFirst services include:

- *Prenatal services* – working with pregnant women to ensure they have the healthiest pregnancy possible, including receiving proper nutrition or nutritional supplements, prenatal education and medical care.
- *In-hospital questionnaire* – after the birth of a child, Saskatchewan parents are asked a series of questions about their health and family situation. These questions equip service providers with information to link families to early childhood development services available in their community. The tool assigns a score to the factors and aggregated data provides information about families with new babies at the regional and provincial levels.
- *In-depth assessment* – families participate in order to assess their current circumstances. This allows service providers to focus efforts for maximum benefits. The information also provides baseline data for new *KidsFirst* families.
- *Home visiting* – this is the cornerstone of the *KidsFirst* program. Based on a lay or mentor model, a home visitor works with families to promote normal child development and parent-child interactions. Depending on the needs of the family, this may include arranging for transportation, medical or professional appointments or job readiness training. Home visitors also work with families to build their confidence and competence, with the goal that they will 'graduate' from *KidsFirst*.
- *Early learning opportunities* – children participate in community-based opportunities to support their social, cognitive, physical and emotional development.
- *Access to child care* – enables families to participate in skills training and the work force, as well as providing a positive learning environment that maximizes the development occurring during a child's early years.
- *Dedicated mental health and addictions services* – these services address a need amongst families, many of which have experienced violence or abuse, have addictions or mental health concerns.
- *Community-based supports* – these enhance family knowledge and social networks through literacy programs, child development skills, nutrition education, skills training, education and family activities.

Participation in *KidsFirst* continued at a steady pace in 2005-06 with 1,091 families admitted to the program. On March 31, 2006, a total of 1,150 families were enrolled in *KidsFirst*. Communities focused on strengthening connections between their provider community-based organizations, standardizing information collection, and training home visitors in a common, strength-based curriculum.





Provincial meetings at the program management, home visiting supervisor, and mental health and addiction team tables allow sites to share local knowledge, best practises, innovations and develop solutions to problems, in support of a common provincial direction.

In addition to communities with the intensive, targeted *KidsFirst* program, other communities in Saskatchewan also benefit from improved integration of existing services, and support for early childhood development activities. This work is supported by Regional *KidsFirst* Early Childhood Community Developers.

Regional *KidsFirst* Early Childhood Community Developers

Regional *KidsFirst* Early Childhood Community Developers work with stakeholders and partners, including tribal councils, First Nations service agencies and Métis Friendship Centres to develop strategies that support vulnerable families and to align services. *KidsFirst* Early Childhood Community Developers work towards the same goals of positive early childhood outcomes and parent-child interactions as the targeted *KidsFirst* communities.

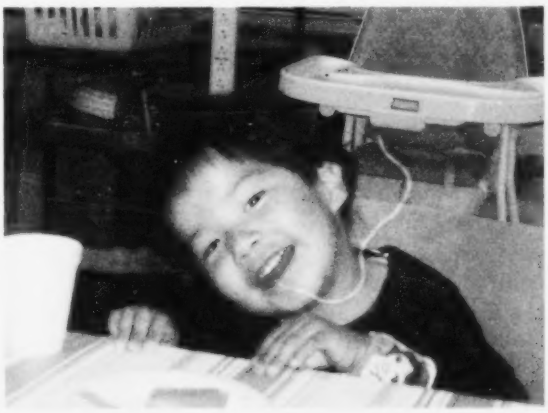
Working within the borders of provincial regional health authorities, they facilitate planning and collaboration around early childhood development. Early Childhood Community Developers receive guidance from and work in partnership with a variety of community-based early childhood development services. These include Early Childhood Intervention Programs, school divisions, Regional Intersectoral Committees, parent support programs and public health nurses.

Highlights 2005-06

- **Prince Albert Parkland Regional Health Authority (Prince Albert):** Advocacy – the pictorial directions on some brands of infant formula do not show accurate measurements. The Community Developer led an advocacy and letter writing campaign to an infant formula company, advising that parents can easily mix the formula incorrectly and infants may become malnourished. This is a concern from the perspective of literacy, income adequacy and supports for new parents.

- **Prince Albert Parkland Regional Health Authority (Spiritwood):** Mom & Tots Groups – These groups have been established in many communities in the regional health authority. The groups provide an opportunity for moms to gather together to share information and insights and to provide children with an opportunity to play and socialize with their peers.

- **Saskatoon Regional Health Authority:** Rural Child Care Study – assessed the early learning and child care options in the Humboldt area, and worked with community groups to develop proposals for a child care centre at St. Brieux and respite care for young children with disabilities.
- **Prairie North Regional Health Authority (Meadow Lake):** Travelling Play Group – The Travelling Play Group serves five rural communities and 88 families and children. The children range in age from five months to five years. A Travelling Play Group Leader directs the activities, which are adaptable to a broad age range. Parents provide additional support and help their children to follow along with books, crafts, games and free play.
- **Prairie North Regional Health Authority (Lloydminster and North Battleford):** Provides home based early childhood development support through the Early Childhood Intervention Program in the region.
- **Cypress Hills Regional Health Authority:** Families learn about typical child development and their children are evaluated with the Ages and Stages Development Questionnaire. Local service providers meet families and introduce them to the services they provide.
- **Sunrise, Sun Country and Regina Qu'Appelle (Grenfell) Regional Health Authorities (in collaboration):**
  - Share It Forward – This program provides an opportunity for parents to learn more about early childhood development. Parents learn the concepts "Comfort, Play and Teach" and to apply them to parenting situations to promote child development. These seemingly small interactions make a difference in child outcomes and encourage parents to interact with their children during daily activities.
  - Teacher Talk Training Series – This program provides a step-by-step approach to language development in early childhood settings. Early Childhood Educators learn practical, strategies to encourage children to communicate in daily interactions.



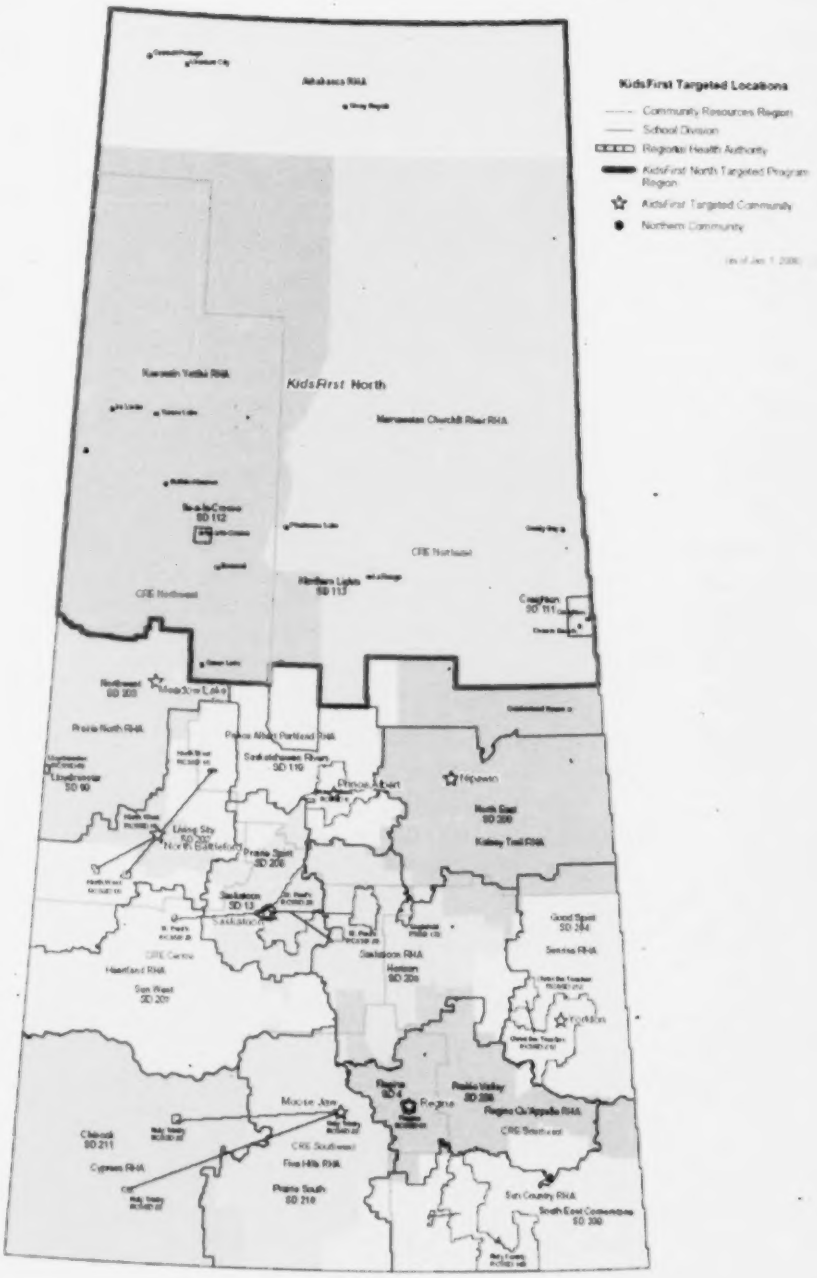
- Expansion of child care spaces – The Regional *KidsFirst* Community Developers facilitated community preparations for a planned expansion of child care spaces in partnership with regional Early Learning and Child Care Consultants.

- **Regina Qu'Appelle Health Region (West):** Community Profiles – Using in-hospital birth questionnaire information in conjunction with information about early childhood resources, community profiles were developed. The Community Developer then worked with the communities with the highest need to develop sustainable, grassroots responses for families.

- **Kelsey Trail Regional Health Authority (Tisdale):** 101 Ways to Help your Child's Development – Poster developed with suggestions for parents to promote the growth and development of their children.

- **Five Hills Regional Health Authority (Assiniboia):** Partnership with Moose Jaw *KidsFirst* (targeted) – Provides practical supports to families, including cribs and high chairs as a way to encourage safe environments at home.

- **Five Hills Regional Health Authority (Moose Jaw):** Ages and Stages Questionnaire – Watching Your Child Grow community event in five communities – Two-, three- and four-year-olds are invited from rural preschools to the event in their local school. Families learn about typical child development and children are assessed using the Ages and Stages Questionnaire. Local service providers are also in attendance to meet families and talk about services they provide.



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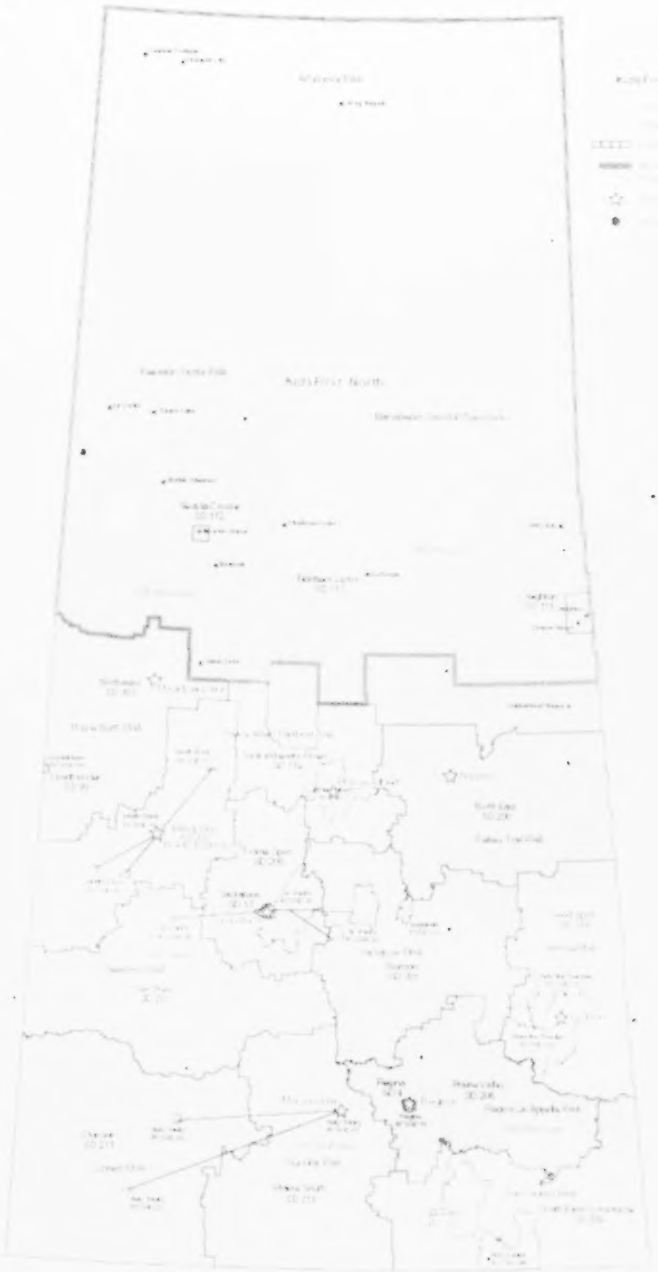

To me, one of the greatest successes of *KidsFirst* is the way in which it has brought community partners together. Certainly the school divisions and health regions have developed closer working relationships, but in Yorkton we're also working with the Society for the Involvement of Good Neighbours (not the least of which is because they employ our home visitors), day care providers and other community-based organizations. *KidsFirst* was the motivator for bringing us together, but it has lead us into other areas of cooperation including those related to School^{PLUS}, housing issues, therapy services and others. And while these partnerships could have, and should have, been fostered without *KidsFirst*, I don't think there's any arguing that *KidsFirst* brought us together and allowed us to fulfill the potential that was always there.

- Michael Redenbach, Executive Director of Corporate Planning, Sunrise Regional Health Authority, *KidsFirst* Yorkton

Catherine* and her son Ross* came into the *KidsFirst* program when Ross was only a few months old. Catherine was in high school, only 17 years old at the time. Over the last four and a half years, Catherine has had many struggles including months without heat in the home, no phone service, no transportation and very little family support. She was in an abusive relationship and her son witnessed an assault on her during the relationship. She has developed many strengths and so much maturity over the time I have been with her. She ended the relationship and kept herself safe, allowing Ross some visitation with his dad.

Catherine has graduated from high school and took a course at SIAST. She secured employment for over two years at a retail outlet and has since gone on to work in a field that she loves, animal grooming. Catherine purchased a new vehicle and has moved into a lovely little home. Ross is now in preschool and loves it. He has been working with the speech therapist and is developing very much on track. Above all else, this family is very connected and shows great potential .

- Michelle Hagan, Home Visitor, *KidsFirst* Moose Jaw

* Names have been changed

The true benefit of the *KidsFirst* initiatives is starting to be felt in the school system as we have some of our families and children now involved in the school system on a full-time basis. For years, educators have always been concerned about the supports available to disadvantaged families. With the creation of *KidsFirst*, the very vulnerable families have received the supports required to create stability and their children's success. In specific instances, we have seen *KidsFirst* empower parents to the point where they feel comfortable and strong enough to get involved with the school to support their child.

KidsFirst, in addition to creating direct benefits for families and children, has also provided some indirect positive outcomes. The home visiting model has been emulated in other areas of our school division where *KidsFirst* programming was not available. The strength-based approach and the delivery of services at the point of need rather than in a clinical setting has proven to be a model for other service agencies. *KidsFirst* has contributed greatly to increasing awareness around the need for human service agencies to cooperate in the delivery of services for all families.

- Dwayne Reeve, Good Spirit School Division, *KidsFirst* Yorkton

Jane* has gone through many trials and tribulations. Jane is a single parent with three handsome young boys. As her *KidsFirst* Home Visitor, we keep in contact on a regular basis. She has many goals for herself and her family: she has a great desire to be the best parent she can be; find a great place to call home; and eventually wants to further her education and obtain a career which involves working with computers. Since I started working with her, Jane has made the journey in enhancing her self-esteem, pride and parenting skills by attending various groups and classes offered at the Early Learning Centre. Last year was a time of difficulty, when her youngest child was born three months premature. The child is now very healthy, rambunctious, smiles and giggles all the time. Jane is very involved with her preschool. Last year she became Vice-President on the Board of Directors and this year she is President. Jane is very proud, strong and a magnificent role model for her children. She will have no trouble achieving her future goals.

- Home Visitor, *KidsFirst* Regina

Andrea* was a first time mother at 17 years old. Andrea joined *KidsFirst* in 2002, before the birth of her third child. Within one year there was a fourth baby added to the family. With four children under six years of age, Andrea had her hands full. With only a grade nine education and a partner who struggled with drug addiction, Andrea shouldered the full responsibility of taking care of her children.

The first plan of action was for Andrea to enrol at SIAST and complete her grade 12. In 2003, Andrea moved her family out of a drug and crime ridden area into a low cost rental home in a quiet neighbourhood where she felt safe to let her children play outside. After much hard work, Andrea graduated in 2005 with her G.E.D. She immediately went looking for employment and found it as a substitute driver. She impressed the centre with her commitment and diligence, and she was asked to come back at the start of the 2006 school year as a full-time, permanent driver. Andrea is now on Level 4 of the *KidsFirst* Program and is always encouraging and inspiring other new parents in the program to take the next step to success.

- Home Visitor, *KidsFirst* Regina

* Names have been changed

Year Over Year Investments in ECD 2001-02 to 2005-06

The following table outlines actual expenditures from 2001-02 through 2005-06 for the Early Childhood Development Strategy. To the end of 2005-06, the expenditure under the Early Childhood Development Federal/Provincial/Territorial Framework Agreement totalled $58.0 M.

Program Area	2001-02 Actual	2002-03 Actual	2003-04 Actual	2004-05 Actual	2005-06 Actual
KidsFirst					
Regional *KidsFirst* Communities • In-hospital birth questionnaire • Realignment of existing programs	$637,000	$0 [1]	$618,000	$637,000	$648,000
Targeted *KidsFirst* Communities • Prenatal screening and outreach • In-hospital birth questionnaire and assessment • Home visiting • Mental health and addictions • Enhanced child care • Early learning programs • Parenting supports	$3,009,000 [2]	$6,754,000	$9,805,000	$11,114,000 [3,4]	$12,300,000 [3]
Program Support	$945,000 [4,5]	$590,000 [5]	$677,000 [5]	$1,109,000 [4,5]	$865,000 [5]
Child Care • Training, wage enhancement and start up grants	$1,019,000	$1,019,000	$1,019,000	$1,019,000	$1,019,000
Early Intervention Spaces	$370,000	$370,000	$370,000	$370,000	$370,000
Prekindergarten Program	$200,000	$200,000	$200,000	$200,000	$200,000
Infant Mortality Reduction Initiatives	$95,000	$71,000	$70,000	$51,000	$35,000
TOTAL	**$6,275,000** [4]	**$9,004,000**	**$12,759,000**	**$14,500,000** [4]	**$15,437,000**

[1]Expenditures for 2002-03 were expensed in 2001-02.
[2]The figure reported in the *ECD Progress Report 2004/2005* was $3,119,000.
[3]Includes $100,000 provided as additional support under the Cognitive Disability Strategy.
[4]The figures reported in the *ECD Progress Report 2004/2005* were budgeted figures. Figures shown here are actual expenditures.
[5]Includes training, program tracking and program evaluation.

Year Over Year Investments in ELCC 2002-03 to 2005-06

	2002-03	2003-04	2004-05	2005-06
Early Learning and Child Care				
Child Care Facilities				
• Number of licensed centres	138	153	158	173
• Number of licensed family child care homes	277	291	287	290
Total Licensed Child Care Facilities	**415**	**444**	**445**	**463**
Child Care Spaces				
• Infant spaces	357	452	498	576
• Toddler spaces	980	1,129	1,206	1,380
• Preschool spaces	2,949	3,085	3,162	3,454
• School-aged spaces	837	874	902	907
Total centre-based spaces	*5,123*	*5,540*	*5,768*	*6,317*
• Number of licensed family child care home spaces	2,160	2,370	2,369	2,395
Total Licensed Child Care Spaces	**7,283**	**7,910**	**8,137**	**8,712**

	2002-03	2003-04	2004-05	2005-06
Prekindergarten				
• Number of programs	89 [10]	104 [10]	104 [10]	104 [10]
• Number of spaces	1,300	1,661	1,666	1,664 [11]

[10]Includes four programs financed through federal ECD funds serving 66 children.
[11]Based on an estimate of 16 spaces per program.

	2002-03	2003-04	2004-05	2005-06
Early Entrance Designated Disabled Pupil Program				
• Number of children	289	307	230	257

	2002-03	2003-04	2004-05	2005-06
Child Care Subsidy				
• Average number of subsidies	3,535	3,408	3,518	3,375
• Average monthly subsidy	$239.96	$254.64	$264.70	$283.49
Total Child Care Subsidy	$9,409,000	$10,414,000	$11,183,000	$11,482,000

	2002-03	2003-04	2004-05	2005-06
Grants for Child Care Programs [12]				
• Early Childhood Services Grants	$4,441,000[13]	$5,27,000[13]	$5,828,000[13]	$6,988,000[13]
• Teen Support Grants	$732,000	$873,000	$995,000	$1,027,000
• Preschool Support Grants	$504,000	$508,000	$508,000	$556,000
• Start-up Grants	$153,000 [14]	$206,000 [14]	$142,000	$299,000[14]
• Home Equipment / Programming Grants	$129,000 [15]	$134,000 [15]	$150,000 [15]	$157,000[15]
• Special Northern allowances	$19,000	—	$39,000	$29,000
• Community Solutions Grants *(rural, workplace, special needs, etc.)*	$610,000	$702,000	$857,000	$1,040,000
• Training / Education Grants	$9,000 [16]	$4,000 [16]	$3,000 [16]	$21,000[16]
• Special Needs Grants	$1,415,000	$1,606,000	$1,684,000	$1,992,000
Total Child Care Grants	$8,012,000 [17]	$9,305,000 [17] [18]	$10,206,000 [17] [19]	$12,109,000 [17]
• Capital Grants	—	$417,000	$166,000	$605,000
• Child Care Administration *(licensing and subsidy)*	$1,826,000	$2,014,000	$1,933,000	$2,132,000

[12]Figures reported in the *ECD Progress Report 2004/2005* were rounded to the nearest $1,000.
[13]Plus $869,000 ECD.
[14]Plus $15,000 ECD.
[15]Plus $50,000 ECD.
[16]Plus $85,000 ECD.
[17]Plus $1,019,000 ECD.
[18]The figure reported in the *ECD Progress Report 2004/2005* was $9,674,451.
[19]The figure reported in the *ECD Progress Report 2004/2005* was $10,321,452.

KidsFirst Performance Plan

This section provides information about the *KidsFirst* decision-making structure, financial investments and performance results achieved by the program for 2005-06.

Saskatchewan's *KidsFirst* Program is a voluntary, family centred and strength-based initiative that supports families to become the best parents they can be and to have the healthiest children possible. The program enhances knowledge, focuses on child development and builds on family strengths. *KidsFirst* does not replace existing services, but works to enhance existing programs in the community.

The provincial government and the communities that receive *KidsFirst* funding share management of the *KidsFirst* Strategy. Within the provincial government, four departments contribute resources and policy direction to the Strategy. The Department of Community Resources provides funding for child care spaces and early intervention programs. The Department of Health funds the birth questionnaire, assessment, and the home visiting program, as well as enhanced mental health, alcohol and drug services. The Department of Learning funds early learning programs and leads central program support and accountability functions. Additionally, the Department of First Nations and Métis Relations provides advice in relation to the Strategy.

Each community has a *KidsFirst* Management Committee with either a local school division or health region as the accountable partner. Typically, these committees are made up of representatives from the health region, school division, Department of Community Resources regional office, First Nations and Métis organizations and community partners.

A partnership agreement exists between the provincial government and each accountable partner, outlining the responsibilities of each party. The provincial government sets policy and program direction, allocates funding, approves community plans, tracks and reports expenditures and evaluates progress of the program. The accountable partner, working in partnership with the local *KidsFirst* Management Committee, is responsible for the continued development and implementation of the *KidsFirst* Program in the community. Communities report regularly on progress and expenditures for community initiatives.

Further information regarding the province's *KidsFirst* Strategy can be obtained at: http://www.learning.gov.sk.ca/branches/elcc/kids_first.shtml

KidsFirst Vision

Children living in very vulnerable circumstances enjoy a good start in life and are nurtured and supported by caring families and communities. In targeted high-needs communities, supports and services are provided through partnerships between families, communities, service organizations and governments.

Performance Results

The *KidsFirst* program is now fully operational and has reached capacity within current resources. A set of performance measures has been developed in consultation with targeted *KidsFirst* communities, and partner departments to measure progress toward meeting each objective.

The information in this report represents data collected from 2001 to 2006, from families upon admission to the *KidsFirst* program. This data demonstrates that the demographics of families entering the program has been consistent over time and families experience similar circumstances in terms of health, well-being, family functioning, parenting, social supports, safety, economic outcomes and access to food. As families become more comfortable with *KidsFirst* staff, it is anticipated that greater knowledge about family circumstances will emerge, which will impact future performance results. Further analysis will be required to ensure completeness of data and that statistics accurately reflect circumstances experienced by these vulnerable families.

Goal 1

Children in very vulnerable situations are born and remain healthy.

Objective 1 Pregnant women in the program access adequate prenatal care.

For children to be born healthy, their mothers must also be healthy. Pregnant women vulnerable to alcohol and/or drug use during pregnancy require intensive supports to assist them in a healthy pregnancy. This group of women tends to be referred to prevention services after they are already pregnant. As a result, interventions focus on providing adequate nutrition and prenatal care to reduce the effects of drugs and alcohol on the fetus, as well as reducing the use of harmful substances. *KidsFirst* home visitors assist pregnant women in stabilizing their circumstances by helping to find safe housing and access to nutritious food. Women are also supported to address mental health and addiction issues.

Key Actions for 2005-06

- Admit 160 new pregnant women to the program over the course of the year, for a total of 355 prenatal program participants.
    - In 2005-06, 257 pregnant women were admitted to the program for a total of 761 admitted families.
- Ensure pregnant women in the program have access to prenatal supplements.
    - 100% of pregnant women in the program had access to prenatal supplements.
- Ensure pregnant women and their families at all nine program sites had access to prenatal care and education programs.
    - 100% of pregnant women and their families at all nine program sites had access to prenatal care and education programs.

What are we measuring?	Where are we starting from?
Percentage of pregnant women enrolled in the *KidsFirst* program that increase the number of prenatal education components they access.	61% *[2001-06 Baseline]*
Percentage of pregnant women enrolled in the *KidsFirst* program that increase the number of prenatal health care components they access.	94% *[2001-06 Baseline]*
Percentage of pregnant women enrolled in the *KidsFirst* program that increase access to prenatal supplements.	Under development

The *KidsFirst* Program focuses on three aspects of prenatal care – prenatal education, access to prenatal health care and providing prenatal vitamins and supplements. Since the growth and development of children begins during gestation, appropriate prenatal care impacts physical and cognitive outcomes for the child. In the long term, when mothers are supported to have a healthy pregnancy, their infants have a much greater chance of being born healthy and able to grow and learn. If women do not receive adequate care while pregnant, they may be at risk for pregnancy complications as well as negative birth outcomes such as stillbirths, low birth weight babies and infant death.

61% of pregnant women admitted to *KidsFirst* from 2001 to 2006 increased the number of prenatal education components they accessed and 94% increased use of prenatal health care. The information in this report represents data collected upon admission to the *KidsFirst* program from 2001 to 2006. This data demonstrates that the demographics of families entering the program has been consistent over time and families experience similar circumstances in terms of health, well-being, family functioning, parenting, social supports, safety, economic outcomes and access to food.

Of the 257 prenatal women admitted into the *KidsFirst* program in 2005-06, 199 remained in the *KidsFirst* program. Of the 58 women who chose to no longer participate, 67% moved outside of a targeted *KidsFirst* community.

Objective 2 Primary caregivers address their mental health and addiction issues.

A child's health and well-being is impacted when his or her family is challenged by mental health and addictions issues. It is particularly important to address issues of alcohol and drug use by pregnant women because these substances have a direct negative impact on the developing fetus. It is also important to engage postnatal families regarding substance abuse and mental health issues in a holistic way. Postpartum depression is a common challenge among *KidsFirst* families and can impact on the ability to form secure parent-child attachments.

Key Actions for 2005-06

- Ensure pregnant women in the program have access to appropriate mental health and addiction services.
  - 100% of pregnant women in the program had access to mental health and addiction services.
- Ensure access to mental health and addiction services as required by families.
  - 100% of families had access to mental health and addiction services, as required.
- Maintain 21 mental health and addiction workers to provide direct services to *KidsFirst* families.
  - 16.5 FTEs provided direct services to *KidsFirst* families, in 2005-06. This key action was not met because of vacancies in positions at the nine sites.

What are we measuring?	Where are we starting from?
Percentage of families within *KidsFirst* program who participate in mental health and addiction services.	Under development

While it is possible that families may access mental health, substance abuse and addictions supports without the assistance of *KidsFirst*, it is reasonable to assume that *KidsFirst* supports are important in linking families to these services. *KidsFirst* families have improved access to mental health and addictions services, as necessary, often on an outreach basis. This is particularly important to the Aboriginal families participating in *KidsFirst* because experience within Saskatchewan regional health authorities shows that the Aboriginal population is underrepresented in voluntary mental health and addictions programs and overrepresented in similar programs ordered by the courts.

The early years are not only important to language and cognitive development, but also to social and emotional development. The most important development that takes place in infants is the formation of emotional bonds and attachment to primary caregivers. Lack of bonding and attachment can have almost an irreparable impact that is very difficult to address effectively later in life.

Objective 3 Children maintain good physical health status or improved health status over time.

Child well-being and development studies demonstrate that children in lower socio-economic categories tend to be at greater risk of experiencing poor health status than children in more favourable circumstances. Vulnerable families experience barriers to accessing preventative health practises. Barriers include low incomes, lack of child care for other children and lack of transportation. As a result, families tend to wait until their health problems are serious before seeking medical help. This leads to complications such as increased infant hospitalizations, more severe illness and higher use of emergency health services. Inadequate prenatal care, out-of-date child immunization schedules, and difficulty accessing professional early childhood development services such as occupational therapy or speech language services also impact child development.

KidsFirst communities have intensely examined these social determinants of health and have worked at removing barriers for families by providing transportation to immunization clinics and physician appointments, as well as providing child care services to enable parents to take their infants to medical check-ups. *KidsFirst* communities have also integrated primary health care education into their home visiting curriculum, to ensure that parents are aware of services available to them and the value of these services to their child's health.

Key Actions for 2005-06

- Enable client families to access immunization for their children.
    - All nine communities provided client access to immunization. Seven of the nine communities manually tracked child immunization; 75% of these families were current with their immunization schedules.
- Provide education regarding the benefits of consistent primary health care.
    - All nine communities provided families with education and information about the benefits of consistent primary health care, including obtaining a family doctor.

What are we measuring?	**Where are we starting from?**
Percentage of families current with recommended check-up schedule for their infant after admission into the *KidsFirst* Program.	Under development

Even with the support of *KidsFirst*, there are a number of barriers to achieving this objective. Many *KidsFirst* communities experience high turnover of medical practitioners. This disrupts access to services and requires families to re-develop relationships with new professionals. In the North, many communities do not have easily accessible and consistent health care providers.

The measurement involves families who have spent a period of time enrolled in the *KidsFirst* program. Home visitors will have a routine set of "check-in" questions at different times of the year that will provide the opportunity to gauge their progress on an on-going basis, such as whether families have been making regular visits to their doctor for check-ups and immunizations. The routine set of "check-in" questions will provide communities with further information to make decisions about policy direction for the program.

Goal 2

Children living in very vulnerable circumstances are supported and nurtured by healthy, well functioning families.

Objective 1 Social support networks, housing, food security, education, employment and income for families will improve over time.

Encouraging the overall well-being and functioning of families within *KidsFirst* is key to their future success. The home visiting component of the program, along with community partnerships, allows linkages to programs and services outside of *KidsFirst* that support housing, food security, education, employment and income levels. Improvements in these areas are necessary to influence child development within communities. However, there are a number of factors influencing this outcome that are not within the scope of control of the *KidsFirst* program. As a result, it is difficult to draw direct links of cause and effect.

Key Actions for 2005-06

- Provide supports to families which promote development of social support networks.
    - All nine communities provided opportunities for families to develop and enlarge their social support networks through events such as annual family barbecues, Christmas parties, parenting classes, curriculum events, community gardens, access to education and referrals to human service organizations.
- Assist families to access skills development, training and education resources, including literacy programs.
    - All nine communities provided access to skills development, training and education resources, and literacy programs. Seven of nine communities manually tracked family participation in these events; 59% of these families participated in programming aimed at developing their skills and literacy.
- Broaden family access to healthy and stable food resources.
    - In 2005-06, all nine communities participated in programs to support family food security, including food hampers, Good Food Box programs, cooking classes, nutrition information and community gardens.
- Facilitate families' access to available benefits programs.
    - All nine *KidsFirst* communities worked with the Department of Community Resources, as well as other agencies, to ensure that families have access to available benefit programs.

What are we measuring?	Where are we starting from?
Percentage of *KidsFirst* families whose level of social support improves over time.	55% *[2001-06 Baseline]*

Having someone to turn to for advice, moral support and tangible assistance increases a family's ability to be a strong, nurturing unit. All families require assistance from a network of supporting friends, relatives and community organizations. Creating opportunities for *KidsFirst* families to build their own networks allows families to develop the skills and capacities necessary to make good choices, parent successfully, achieve their goals and gain greater independence. Social isolation or weak social supports have been linked to depression, a sense of incompetence and frustration with the parenting role. *KidsFirst* works to remove barriers for families to participate in social events by providing transportation and child care to many events, along with hosting events in *KidsFirst* families' home neighbourhoods. From 2001 to 2006, 55% of families had adequate social supports when they were admitted to *KidsFirst*.

What are we measuring?	Where are we starting from?
Families with adequate food security in the *KidsFirst* Program.	74% *[2001-06 Baseline]*

Family food security means all family members have access to enough food for an active, healthy lifestyle. Food security involves access to nutritionally adequate and safe food, and the ability to acquire food without resorting to emergency food supplies, scavenging, stealing or other coping strategies. Access to food is the foundation for the social determinants of health. Proper nourishment and nutrition supports healthy brain development in young children. There is a direct relationship between family income and family food security. Families with the financial resources to avoid living in poverty have the means to obtain food and rarely suffer from chronic hunger, while poor families are most vulnerable to experience chronic hunger. *KidsFirst* supports families to obtain and prepare appropriate foods, both directly and indirectly by encouraging access to food banks, community kitchens, Good Food Box programs, instruction in food preparation, budgeting and ensuring appropriate enrolment in income support programs.

From 2001 to 2006, 74% of families had adequate food security upon admission to *KidsFirst;* 26% of families did not have adequate food security. The measure is influenced by the level of support available within the community, the family's income level and other costs of living such as housing and transportation. Families may consider themselves to have stable access to a food source if they regularly use emergency programs such as food banks. Further investigation may be required to ensure that this figure fully represents the circumstances experienced by families. Data from a local evaluation conducted by Regina *KidsFirst* showed that in 2006, 44% of families reported they did not have secure access to food (Kahan, Barbara. *Outcome Evaluation 2002-2006, KidsFirst Regina Internal Working Document.* September 2006).

What are we measuring?	Where are we starting from?
Increased education, skills training and literacy.	Under development
Increased employment status.	Under development

Improved education levels, skills training and literacy improves a family's ability to be independent and achieve employment. Tracking improvements in education levels of *KidsFirst* participants provides a proxy for anticipated improvements in family income status and the ability to obtain safer and more adequate housing, transportation, nutritious food, early learning and child care, and recreation opportunities. *KidsFirst* itself has no direct influence on income levels, but works to establish the right conditions so families can build their skills and improve their circumstances over time. *KidsFirst* works with families to achieve this goal by providing access to education, skills training, literacy programs, transportation, child care, and support and mentoring from home visitors.

Objective 2 Family interactions improve over time.

Parents play a very important role in the development of their children. The quality of interactions between parents and children – if parents are warm and positive or harsh and angry – is an especially important factor in development. Children who are nurtured by emotionally healthy caregivers achieve greater levels of development. Many of the families in the *KidsFirst* program are struggling with these issues because of challenges coping with stress and crises and/or a lack of positive role models during their own childhood. Despite their desire to be good caregivers, many parents have not had the opportunity to learn the parenting skills to develop good relationships with their children. This can lead to poor parent-child attachment, difficult child behaviours and negative emotional and social development of the child.

Key Actions for 2005-06

- Provide family life education to client families where appropriate.
  - All nine *KidsFirst* communities provided family life education supports to families.
- Ensure access to existing community services targeted at development of stronger parenting skills.
  - All nine communities provided access to supports to help families develop stronger parenting skills. In 2005-06, eight of the nine communities manually tracked participation in activities to improve parenting skills; 42% of these families participated in opportunities offered.
- Refer families who identify violence as an issue to appropriate service providers.
  - 100% of families who identify violence as an issue in their home were referred to appropriate professionals and service providers. In 2005-06, eight of the nine communities manually tracked reports of family violence; 38% of these *KidsFirst* families were impacted.
- Ensure the program is compliant with *The Provincial Child Abuse Protocol*.
  - All nine communities were compliant with *The Provincial Child Abuse Protocol*.

What are we measuring?	Where are we starting from?
Percentage of *KidsFirst* families with realistic expectations of age-appropriate behaviour when exhibited by the child.	72% *[2001-06 Baseline]*
Percentage of *KidsFirst* families that exhibit and express positive acceptance of the child.	82% *[2001-06 Baseline]*
Percentage of *KidsFirst* families that have no impediments in order to be motivated and responsible for meeting the needs of the child.	77% *[2001-06 Baseline]*
Percentage of *KidsFirst* families in which the adult caregivers provide appropriate amounts of emotional nurturance and support to the child and family members.	59% *[2001-06 Baseline]*

Supportive parent-child relationships begin during infancy with the attachment process. *KidsFirst* home visitors support parents in their role by guiding parents to create strong attachments with infants — by holding, cuddling, playing with and being attentive and responsive to the infant's cues. In this way, infants form secure attachments to their parents. This is the foundation for positive social relationships in the future. *KidsFirst* home visitors provide parents with suggestions based on a consistent early childhood development curriculum that is used at all sites.

As children grow from infants into toddlers, parents continue to provide emotional nurturance and support for their children. Home visitors work with parents to develop reasonable expectations about the abilities of their child. Parents are also encouraged to react in developmentally-positive ways to establish clear and consistent boundaries.

The measure assumes that positive parenting practises can be measured from an outside perspective at a point in time. However, the behaviour of the caregiver may change with the presence of the assessor. There is no mechanism to determine if the behaviours displayed during the assessor's presence are consistent over time. From 2001 to 2006, 72% of parents had realistic expectations of age appropriate behaviour expressed by their children when they were admitted to *KidsFirst*. 82% of these parents expressed positive acceptance of their child; 77% of parents were motivated and responsive to meeting their children's needs; and 59% of parents provided appropriate nurturance and support to their children.

The existence of violence in the home is a serious societal concern that touches many families, including families enrolled in *KidsFirst*. *KidsFirst* communities work to raise awareness, respond to and prevent violence so that children can live in safe and stable home environments. Unfortunately, referrals to appropriate service professionals often occur following prolonged incidences of violence. Working with parents to identify violence, build strengths, self-esteem and confidence to find a voice are important first steps in eliminating violence in homes.

Objective 3 Families develop and maintain a safe and secure home environment.

Injuries are a significant cause of hospitalization among children. It is important for families to have access to information that aids them in increasing the safety of their homes for their children, in order to reduce injuries, hospitalization, house fires and chronic illnesses.

Key Actions for 2005-06

- Provide education related to housing and home safety.
  - All *KidsFirst* communities provided education related to housing and home safety. In 2005-06, all communities manually tracked information; 91% of these families were involved in activities and information sessions about safety in the home.
- Provide education related to appropriate child safety measures and child discipline.
  - All nine communities provided education related to appropriate child safety measures through the home visiting component, and community activities such as car seat clinics, fire safety events and information nights.

What are we measuring?	Where are we starting from?
Percentage of *KidsFirst* families who have taken action to improve the safety of the living conditions of their home.	84% *[2001-06 Baseline]*
Percentage of *KidsFirst* families who have taken action to ensure they are living in suitable housing.	82% *[2001-06 Baseline]*
Percentage of *KidsFirst* families living in stable housing for the foreseeable future.	71% *[2005-06 Baseline]*

Children thrive in environments that are safe, filled with positive stimuli and adequate space for play and learning. Engaging families in activities that will help address home safety and security issues is important in achieving this goal. Suitable, stable and adequate housing supports the social, emotional, spiritual, cognitive and physical development of children and families.

KidsFirst communities work to ensure families are aware of preventable health and safety risks to their children. Home visitors provide guidance for change in areas such as: fire safety and working smoke detectors in the home; child-proofing play areas and other living spaces; safe cribs; safe, properly installed car seats; instruction on basic first aid; and ways to prevent children choking on or swallowing small items.

Housing suitability information was first collected in April 2005 to determine whether housing conditions were appropriate for family needs. Further investigation into the issue of housing adequacy, suitability and stability may be required in order to ensure

data tells the full story experienced by *KidsFirst* families. On-going assessment questions and further evaluation of the housing questions posed to families may provide a more complete picture of housing circumstances among *KidsFirst* families. From 2001 to 2006, 84% of new *KidsFirst* families had taken steps to make their home as safe as possible, and 82% of these families had suitable housing. For 2005 to 2006, 71% of *KidsFirst* families admitted to the program were living in housing that was stable for the foreseeable future.

Goal 3

Children living in very vulnerable situations are supported to maximize their ability to learn and problem solve within their inherent capacity.

Objective 1 Support and nurture children's ability to learn.

Stimulating environments, play-based learning, and identifying and supporting *KidsFirst* children with special needs promotes healthy cognitive development. Research shows *KidsFirst* communities achieve the best results with their investments by integrating early learning, child care and parenting supports. For some families, structured care and learning environments outside the home complement their efforts to address social and economic challenges including finding a job, going to school or dealing with spousal abuse or depression. High quality early learning and child care settings promote later success in kindergarten and school achievement.

Key Actions for 2005-06

- Track early learning activities and child progress.
  - The progress of children and families was tracked by the *KidsFirst* Information Management System (KIMS). Information from the system includes records from 2001 to present. Development to this point in time allows for baseline indicator data to be drawn from the system. This information is profiled in this report. Further development of this system will allow for on-going information about *KidsFirst* families as they progress through the *KidsFirst* program.
- Ensure appropriate referrals to existing agencies for children with special needs.
  - While this action is undertaken within all *KidsFirst* communities, the communities have not tracked the number of referrals or the appropriateness of referrals. Communities work with Early Childhood Intervention Programs at the local level to ensure that referrals are appropriate and that programs complement, but do not duplicate, services. Additionally, work continues at the strategic policy level within the Province to maximize benefits to children and their families.
- Maintain 252 child care spaces.
  - In 2005-06, *KidsFirst* supported 96 dedicated child care spaces across the nine communities. In addition, communities worked with families to transition into subsidized child care spaces and other appropriate arrangements. Communities also worked with other partners at the local level to enhance and integrate existing resources.
- Maintain 160 early learning opportunities.
  - In 2005-06, *KidsFirst* funded 88 early learning spaces to enhance early learning opportunities for children. In addition, communities focused on providing opportunities for *KidsFirst* families, rather than increasing the absolute number of early learning spaces available. This means that many families took advantage of existing early learning opportunities outside of *KidsFirst*.

What are we measuring?	Where are we starting from?
Comparative rate of child development using the Ages and Stages Questionnaire (ASQ).	94% *[2005-06 Baseline]*
Comparative rate of child development using the Ages and Stages Questionnaire: Social/Emotional (ASQ-SE).	82% *[2005-06 Baseline]*

The neural pathways necessary for communication, gross and fine motor skills, problem solving, regulating emotion and coping with challenges are established early in life. The development of core functions depend on positive interactions with primary caregivers. Typical development is optimized within windows of opportunity that naturally allow humans to obtain these skills. Though there is a degree of natural resilience and ability for young children to "catch up", when these windows of opportunity are not optimized, children do not develop at typical rates. This can require more intensive and costly interventions later in life. These windows of opportunity are less resilient in regard to child attachment. Infants who are not able to form strong attachments to a primary caregiver will be challenged to create secure relationships later in life, even with intensive interventions.

KidsFirst Management Committees work in partnership with communities and agencies to create seamless early learning and child care opportunities for the families they serve. They develop solutions that eliminate barriers to participation such as a single point of access to services, opportunities for infants, toddlers and preschoolers and integrating parenting, nutrition and networking supports into early learning and child care opportunities.

The results of this indicator show that in 2005-06, 94% of children currently within *KidsFirst* were developing at normally expected rates within areas of communication, gross and fine motor skills, problem solving abilities, and personal-social skills.

In 2005-06, 82% of *KidsFirst* children had normal emotional development. This is the first year data has been reported for this measure and it is therefore considered baseline data. The tools used to assess development, the Ages and Stages Questionnaires, are based on research and considered reliable. Children scoring outside of the normative range on the Ages and Stages Questionnaire are referred to available early childhood human service professionals.

Communication and problem solving are two areas where many *KidsFirst* children face challenges in development. This has implications for service providers outside of *KidsFirst*, especially the education system. As toddlers progress into kindergarten, elementary and secondary school, it becomes more and more difficult for them to achieve school success at the same level as their peers without progressively more intensive resources. Further analysis of this result is required, and an enhanced focus on communication and problem-solving skills is strongly indicated.

What are we measuring?	Where are we starting from?
Percentage of *KidsFirst* families participating in Growing Great Kids curriculum.	68% *[2005-06 Baseline]*

The *KidsFirst* Program encourages families to enhance their parenting skills through a variety of mechanisms. The Growing Great Kids curriculum shows parents ways of interacting with their children to support brain development and cognition, nurture the parent-child bond and recognize children's needs by identifying cues. All home visitors in the *KidsFirst* program are trained in the Growing Great Kids curriculum. Home visitors guide parents through the curriculum and work together to create a developmentally stimulating and loving environment in the home. In 2005-06, 68% of *KidsFirst* families were actively participating in the Growing Great Kids curriculum. This information is considered baseline data because it is the first year figures have been reported.

KidsFirst home visitors are trained to incorporate positive modelling to parents in all regular home visits, regardless of the age of the child. Encouraging positive parent-child interactions, using strength-based approaches to problem solving and promoting positive child development are also key elements of all community events, in addition to the goal of strengthening social support networks. Parents are also supported through *KidsFirst* partnerships with agencies, such as the Early Childhood Intervention Program, which provide specialized supports to *KidsFirst* children with challenges to their development.

Children living in very vulnerable situations are appropriately served by the KidsFirst Program and supports.

Objective 1 Establish and maintain shared accountability mechanisms for processes and outcomes.

Community partnerships have been at the core of the development and implementation of the *KidsFirst* program. Leadership of the *KidsFirst* program is shared by the Province and the communities receiving *KidsFirst* funding. These communities are accountable to government for reporting on progress and expenditures of the program.

Implementation of the electronic data collection system will be complete in 2006-07, later than the original target of mid-2004. The system will enable the full development of baseline information and performance target reports for future fiscal years based on outcome indicators identified in the strategic plan.

Key Actions for 2005-06

- Ensure long-term program sustainability of community *KidsFirst* annual plans.
  - All nine communities provided annual budget plans in 2005-06 that were reviewed for long-term sustainability. In communities where the plan submitted did not meet the anticipated requirements, adjustments were made to the plan prior to approval by the provincial government.
- Ensure program participation is compliant with *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*.
  - All nine communities were compliant with *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*.
- Implement the *KidsFirst* Information Management System (KIMS) to measure performance of the program in relation to the objectives of the program.
  - The first phase of the *KidsFirst* Information Management System (KIMS) was implemented in 2005-06. Implementation of the second phase is scheduled for completion in 2006-07.
- Prepare and publish reports to the public on investments and progress in accordance with provincial and federal requirements.
  - In 2005-06, public reports were published by the Province to detail public investments into early childhood development. These included the *Early Childhood Development Progress Report 2004-05*, in accordance with federal requirements and the *2005-06 KidsFirst Strategy* to meet provincial reporting requirements.

What are we measuring?	Where are we starting from?
Number of program sites compliant with *The Freedom of Information and Protection of Privacy Act* and the *Health Information Protection Act*.	100% *[2005-06 Baseline]*

This is the first year of reporting for this indicator. 100% of program sites are compliant with *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*. Respect for the privacy of *KidsFirst* families aids *KidsFirst* programs to operate in challenging interdepartmental and inter-jurisdictional environments.

Objective 2 Create and maintain a service system for early childhood development that uses a community development approach, is built on existing services, and is integrated, comprehensive, innovative, flexible and inclusive.

Home visiting programs are based on the belief that a knowledgeable resource can connect vulnerable clients with community services appropriately, consistently, and in a timely fashion. Success is in part a function of program delivery in the home. It is also a function of the integration of the *KidsFirst* program into the community. This objective intends to capture the different dimensions of successful integration.

Key Actions for 2005-06

- Ensure maintenance of appropriate representation on the local management committees, with particular emphasis on Aboriginal representation.
    - All communities had management structures that represented the diverse interests of their communities. In 2005-06, seven of nine communities report Aboriginal representation at their management committee; all nine communities have been working to engage Aboriginal leadership at a local level.
- Continue building partnerships at the community level to effectively provide supports to *KidsFirst* families.
    - All communities engaged in partnerships at a local level. These partnerships included such agencies as the Early Childhood Intervention Program (ECIP), Canadian Prenatal Nutrition Program (CPNP), food banks, Tribal Councils, Aboriginal Head Start, First Nations and Métis service agencies, Royal Canadian Mounted Police (RCMP), Regional Intersectoral Committees (RICs), Community Action Plan for Children (CAPC), municipal governments, fire departments, transition houses, early learning and child care centres, health providers and others. Additionally, *KidsFirst* communities provided joint training sessions for partner agencies and *KidsFirst* staff, and participated in training sessions offered by other community agencies.
- Continue work at the interdepartmental level for integration of complementary programs that support children and families.
    - Staff in the Early Learning and Child Care Branch of Saskatchewan Learning contributed to the Cognitive Disabilities Strategy, the Early Learning and Child Care Strategy, the Federal/Provincial/Territorial Working Group on Early Childhood Development and many other program and policy committees.

What are we measuring?	Where are we starting from?
Under development	Under development

The *KidsFirst* program has focused on achieving sustainability by building on existing resources, organizations and structures. This has allowed *KidsFirst* to maximize investments in direct programming to families. It has also allowed *KidsFirst* to benefit from experience and expertise within the community, and build on networks already working in the area of early childhood development.

KidsFirst has provided an unique perspective into interdepartmental work and how families experience services. This information has been useful in guiding change, creating seamless services, and reducing systemic barriers to access. Since *KidsFirst* operates from an intersectoral model, it provides a valuable forum for partners to come together to collectively address issues and solve problems in ways not previously pursued.

Objective 3 Identify appropriate families in a timely manner and retain them in the program.

Because the *KidsFirst* program is targeted to families in very vulnerable circumstances, it is important that there are processes in place to engage families. These families can be difficult to contact due to transience. They also experience barriers to accessing services and can be wary of involvement in government services. Processes that determine eligibility must account for these factors. The use of 'appropriate' in this objective statement refers to selecting the most vulnerable families for whom the program was intended.

Key Actions for 2005-06

- Enrol 160 new prenatal women in the program, for a total of 355 pregnant women.
  - In 2005-06, 257 prenatal women were enrolled in the program, for a total of 761 admitted families.
- Enrol 557 new postnatal families in the program, for a total of 1,119 families.
  - In 2005-06, 504 postnatal families were enrolled in the program. This number of families was lower than anticipated, due to prioritization of new prenatal families in a number of the communities. In 2005-06, a total of 1,743 families were involved in *KidsFirst*. At year end, there was a caseload of 1,150 *KidsFirst* families.
- Ensure ratio of home visitors to families is within the provincial guideline of one home visitor for every 12-15 families (weighted caseload basis).
  - For 2005-06, the ratio of home visitors to families was between 12 and 15 families per home visitor, on a weighted caseload basis.
- Monitor the effort undertaken to engage families in the program prior to discharge due to "lack of engagement" and "unable to contact".
  - In 2005-06, the nine *KidsFirst* communities monitored the effort undertaken to engage families by using a four month period for creative outreach. After this time period, home visitors reviewed their caseloads and discharged families that could not be contacted.

- Ensure the frequency of home visits for all client families is within the provincial guidelines.
    - In 2005-06, all nine communities had an average frequency of home visits per month within the provincial guidelines, on a weighted caseload basis.

What are we measuring?	Where are we starting from?
The rate of in-hospital birth questionnaires per hospital live births in Saskatchewan.	64% *[2005-06]*

The in-hospital birth questionnaire provides a set of health and socio-economic questions that evaluate the risk factors present in a family at the birth of a child that may result in less than favourable child development. When amalgamated, this information can provide a broad snapshot of the early childhood development needs of families with young children. The questions also equip service providers with information to link families to available early childhood development services, like *KidsFirst*, when they return home from the hospital. Success in achieving a high rate of birth questionnaire completion is dependent upon strong relationships with the province's regional health authorities and staff in hospitals who conduct the questionnaires. Based on Saskatchewan Health data, from July 1, 2005 to June 30, 2006, 64% of families who had babies in the province participated in the questionnaire.

In 2005-06, 10,291 of a total of 11,852 births in Saskatchewan took place in hospitals in Meadow Lake, Moose Jaw, Nipawin, the North, North Battleford, Regina, Saskatoon, Prince Albert and Yorkton. According to data collected by these communities from March 31, 2005 to April 1, 2006, 77% of parents in the these eight communities (7,438 of a total 9,640 families) participated in the birth questionnaire. Of the families who responded, approximately 29% (2,091 families) had circumstances that made their child vulnerable to develop below expected levels due to health challenges or family circumstances. 11% of the families (805 families) scoring in this range lived in targeted *KidsFirst* neighbourhoods; the remaining 17% of families (1,286 families) lived in urban, rural and First Nations communities outside of the targeted areas. These families have access to the same early childhood development resources available to the broader community, including Early Childhood Intervention Program, early learning and child care, public health nurses, parenting groups, First Nations and Métis services, Mom and Tots groups, community kitchens, speech language, occupational and physical therapists, and home visiting programs.

The frequency of home visits conducted with families is impacted by a number of factors. The guidelines used by the province are based on research literature regarding home visiting programs. While completing home visiting is the central goal of the *KidsFirst* program, home visitors conduct numerous other activities to support this function. Contacting families to make appointments, informal conversations and visits, and efforts on behalf of the family such as referrals, follow-up with service providers, or with the Mental Health and Addictions team, are all necessary functions. When these factors are accounted for, home visitors completed an average of eight interactions per family per month in 2005-06.

What are we measuring?	Where are we starting from?
The percentage of families that achieve an adequate level of self-sufficiency, resiliency or stability in order to leave the program.	Under development

Families establish personalized goals and action plans that link to *KidsFirst* program objectives. The ultimate goal of the *KidsFirst* program is to enable families to achieve a level of positive family functioning that optimizes their ability to nurture their children in the context of the family. While *KidsFirst* communities work to create the optimal conditions to encourage family success, there are many factors, programs, services and influences outside the control of *KidsFirst* that limit the influence of *KidsFirst* in its aim of achieving this objective.

Objective 4 Families are satisfied with *KidsFirst* services.

Measuring satisfaction with the services provided is important to ensuring that programs are relevant and meaningful for participants. Several *KidsFirst* communities have undertaken client satisfaction surveys in order to implement improvements on a local basis. Some of the communities have also moved to evaluation of various aspects of the program. In 2005-06, four communities (North Battleford, Regina, Prince Albert and Yorkton) completed provincial parent satisfaction surveys. The provincial component of parent satisfaction will be implemented in collaboration with all targeted communities in future years.

Key Actions for 2005-06

- Implement a parent satisfaction survey for all *KidsFirst* targeted communities.
  - Four of the nine communities implemented a provincial parent satisfaction survey in 2005-06. In 2006-07, all communities will implement the provincial survey.
- Adjust local program delivery based on parental feedback gained through local satisfaction surveys and evaluations, as well as through the province wide survey.
  - Several communities have completed local evaluations and are making adjustments to their annual community plans based on these results.

What are we measuring?	Where are we starting from?
The level of parental satisfaction with *KidsFirst* services.	94% *[2005-06 Baseline]*

There is a balance between effectiveness and popularity and good feelings. The degree of satisfaction participants have with the program may be influenced by their life experiences. The perception families have about a service can also be the result of their expectations when they began participating in the service.

These results show that in 2005-06, 94% of parents enrolled at North Battleford, Regina, Prince Albert and Yorkton *KidsFirst* sites were satisfied or very satisfied with the services they received.

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